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 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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			ACCOUNT NO.	:	12000000	00195	
			REFERENCE	:	797562	7593518	
			AUTHORIZATION	:	Sou	Belena	
			COST LIMIT	:	\$ 125.00		
ORDER	DATE	÷	July 11, 2022				
000000	THE		0 10 DM				

- ORDER TIME : 2:18 PM
- ORDER NO. : 797562-005
- CUSTOMER NO: 7593518

FOREIGN FILINGS

NAME: AVALON RACING STABLES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

	CERTIFIED COPY	
XX	PLAIN STAMPED COPY	
	CERTIFICATE OF GOOD	STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

COVER LETTER

	Registration Section Division of Corporations					
	Avalon Racing Stables, LLC					
SUBJEC		of Limited Liability Company				
The enclo Existence	used "Application by Foreign Limited Liability (and check are submitted to register the above i	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.				
Please ret	turn all correspondence concerning this matter to	o the following:				
	Deborah Howard					
		Name of Person				
	Silverang Rosenzweig & Haltzman,	LLC				
-		Firm/Company				
	900 E Eighth Avenue Suite 203	900 E Eighth Avenue Suite 203				
		Address				
	King of Prussia, PA 19405					
	C	ity/State and Zip Code				
	wschwartz1@comcast.net					
	E-mail address: (to be	used for future annual report notification)				
For furth	er information concerning this matter, please ca	Ð:				
	Deborah Howard	610 263-0143 at ()				
	Name of Contact Person	at ()				
	<u>Mailing Address:</u> Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations				

Division of Corporations . The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

Enclosed is a check for the following amount:

P.O. Box 6327

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Please make check payable to: FLORIDA DEPARTMENT OF STATE				
S125.00 Filing Fee		3 \$155.00 Filing Fee &	\$160.00 Filing Fee, Certificate	
	Certificate of Status	Certified Copy	of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECESTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, Avalon Racing Stables, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC.," or "LLC.")

(If name unavailable, man shapted for the purpose of transacting business in Florida. The abcrease mass include "Limited Limitibity Company," "LLC," or "LLC.") Delaware 87-1728201 3. (Jurisdiction ander the law of which (oreign limited limbility converses a organized) (FEI astaber, if applicable) • • • 7/12/21 in Florida, if prior to registration.) ADAS FS to determine persity bability) (Date first tea 20155 NE 38th Court, Unit 2802 20155 NE 38th Court, Unit 2802 6. ______(Mailing Address) et Address of Principal Office) Aventura, FL 33180 Aventura, FL 33180 1 7. Name and street address of Florida registered agenu (P.O. Box NOT acceptable) William Schwartz Name: AH IO: 20155 NE 38th Court, Unit 2802 Office Address: ÷ Aventura 33180 Florida \odot (City) (Zin code)

Registered agent's acceptance:

. •:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Corporation/Servige Company

By d agent's signature) Willian Schwartz

4

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name:	Manager	Name: William Schwartz
Member	Address:	Member	Address: 20155 NE 38th Court
Authorized	Washington, DC 20005	Authorized	Unit 2802
Person		Person	Aventura, FL 33180
DOther	Other	Other	Other
• •			:
Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
		Authorized	
Person		Person	-
Other	Other	DOther	Other
Manager	Name:	Manager	Name:
Member	Address:	DMember	Address:
Authorized			
Person		Person	
00tber	0ther	□Oth er	00ther

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

:

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official baving custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an mathemated person

William Schwartz

Typed or printed name of signer



Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AVALON RACING STABLES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVALON RACING STABLES, LLC" WAS FORMED ON THE TWELFTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 203881723



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